

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-02822A  
Sleepy Hollow Mobile Home Estates  
6001 S. Palo Verde  
Tucson, AZ 85706

S

RECEIVED  
FEB 13 2008  
AZ CORP COMM  
Director Utilities

**ANNUAL REPORT**

**FOR YEAR ENDING**

12	31	2007
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FOR COMMISSION USE

ANN 04	07
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PROCESSED BY:

2-13-08

SCANNED

## COMPANY INFORMATION

Company Name (Business Name) <u>SLEEPY HOLLOW MOBILITY HOME CARE</u>		
Mailing Address <u>6001 So. PALO VERDE</u>		
<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85705</u> (Zip)
<u>520-624-7775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-440-7529</u> Cell No. (Include Area Code)
Email Address _____		
Local Office Mailing Address _____		
(Street)		
_____ (City)	_____ (State)	_____ (Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address _____		

## MANAGEMENT INFORMATION

Management Contact: _____			
(Name)		(Title)	
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			
On Site Manager: <u>DANNY NG</u>			
(Name)			
<u>615 W. ALTURA</u> (Street)	<u>ST. TUCSON</u> (City)	<u>AZ</u> (State)	<u>85705</u> (Zip)
<u>520-624-7775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-440-7529</u> Cell No. (Include Area Code)	
Email Address _____			

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: \_\_\_\_\_

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Attorney: \_\_\_\_\_

ALBERT HAATWELL

(Name)

(Street)

177 N. CHURCH AVE Suite 200 Tucson AZ 85701

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address \_\_\_\_\_

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

☐ Sole Proprietor (S)

☐ C Corporation (C) (Other than Association/Co-op)

☒ Partnership (P)

☐ Subchapter S Corporation (Z)

☐ Bankruptcy (B)

☐ Association/Co-op (A)

☐ Receivership (R)

☐ Limited Liability Company

☐ Other (Describe) \_\_\_\_\_

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

☐ APACHE

☐ COCHISE

☐ COCONINO

☐ GILA

☐ GRAHAM

☐ GREENLEE

☐ LA PAZ

☐ MARICOPA

☐ MOHAVE

☐ NAVAJO

☒ PIMA

☐ PINAL

☐ SANTA CRUZ

☐ YAVAPAI

☐ YUMA

☐ STATEWIDE

COMPANY NAME

Sleepy Hollow Mobile Home Estates

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	30,000.00	29,000.00	1,000.00
304	Structures and Improvements			
307	Wells and Springs	5,000.00	4,000.00	1,000.00
311	Pumping Equipment	7,000.00	7,000.00	0
320	Water Treatment Equipment	2,000.00	2,000.00	0
330	Distribution Reservoirs and Standpipes	11,000.00	4,400.00	6,600.00
331	Transmission and Distribution Mains	14,500.00	8,950.00	5,550.00
333	Services	10,000.00	9,000.00	1,000.00
334	Meters and Meter Installations	3,000.00	1,000.00	2,000.00
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	2,000.00	900.00	1,100.00
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>195,000.00</b>	<b>136,800.00</b>	<b>58,200.00</b>

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

Sleepy Hollow M. H. Park

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>			

This amount goes on the Comparative Statement of Income and Expense  
Acct. No. 403.

THE SYSTEM WAS BUILT IN 1947. THE SYSTEM IS 60 YEAR OLD. NO MORE DEPRECIATION, I OWN IT SINCE 1985.

THIS SYSTEM IS INSIDE THE TRAILER PARK. THE TRAILER PARK HAVE A THE TRAILER WATER WELL. WE SELL THE PARK WATER INSIDE THE TRAILER FOR TENANTS USE ONLY. WE (CLOSE THE WELL SYSTEM AND TURN ON TO TUCSON CITY WATER WITHIN (3) MINUTE OF TIME. THIS WATER WELL WILL RUN DRY SOON.

THEN WE GO CITY WATER IN FUTURE. THANKS. D. MY

COMPANY NAME

Sleepy Hollow Mobile Home Estate

**BALANCE SHEET**

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$	\$
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$	\$
	<b>TOTAL ASSETS</b>	\$	\$

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME

SLEEP Hollow N. A. L. HOME estates

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITIES</b>		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$	\$
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$	\$
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt		
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$	\$
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$	\$
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$	\$

N/A  
\$  
WE JUST SELL OUR IN  
WATER ONLY.  
TENANTS TRAILER PARK  
THE PM

COMPANY NAME

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 14,615.88	\$ 12,946.53
460	Unmetered Water Revenue	0	0
474	Other Water Revenues	0	0
	<b>TOTAL REVENUES</b>	\$ 14,615.88	\$ 12,946.53
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 800.00	\$ 750.00
610	Purchased Water		
615	Purchased Power	4,900.00	4,050.00
618	Chemicals		
620	Repairs and Maintenance	1,400.00	1,250.00
621	Office Supplies and Expense	1,170.00	1,180.00
630	Outside Services	1,415.00	1,450.00
635	Water Testing	3,500.00	3,050.00
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability	1,200.00	1,225.00
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes	910.84	886.44
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$ 14,242.84	\$ 12,879.44
	<b>OPERATING INCOME/(LOSS)</b>	\$ 373.04	\$ 1,067.09
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$
	<b>NET INCOME/(LOSS)</b>	\$ 373.04	\$ 1,067.09



COMPANY NAME SLEEPY Hollow Mobile Homes  
ESTATE

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$ <i>M/A</i>	\$	\$
Amount Outstanding	\$	\$ <i>M/A</i>	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ \_\_\_\_\_

Meter Deposits Refunded During the Test Year \$ \_\_\_\_\_

COMPANY NAME	Hollow Mobile Home & Motel	
Name of System:	SLEEPY	ADEQ Public Water System Number:

## WATER COMPANY PLANT DESCRIPTION

### WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
604101	25	140 US GAL	150'	3"	3"	1990

\* Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
IF WATER WELL BREAK DOWN, WE CAN TURN ON TO CITY OF TUCSON WATER WITHIN		

BOOSTER PUMPS (3) Minute.		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
CITY OF TUCSON FIRE HYDRANT IN CORNER OF THE TRAIL PARK.			

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
N/A		5000 GAL	(1)

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

<b>COMPANY NAME</b>	<i>SLIPPY Hollow Mabella Home Estates</i>		
<b>Name of System:</b>	<i>20094</i>	<b>ADEQ Public Water System Number:</b>	

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2	<i>Copper + PVC</i>	<i>6500</i>
3		
4		
5		
6		
8		
10		
12		

*2000 PVC  
4500 copper*

**CUSTOMER METERS**

Size (in inches)	Quantity
<i>5/8 X 3/4</i>	
<i>3/4</i>	<i>89</i>
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

*None*

STRUCTURES:

*FENCES 100' TO ENCLOSED  
WATER WELL + PRESSURE  
TANK.*

OTHER:

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

COMPANY NAME: <u>SLEEPY Hollow Mobile Home ESTATES</u>
Name of System: <u>ADEQ Public Water System Number:</u>

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007**

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	86			45,500.00
FEBRUARY	89			45,600.00
MARCH	87			44,500.00
APRIL	86			45,500.00
MAY	85			43,000.00
JUNE	87			51,000.00
JULY	86			53,000.00
AUGUST	85			58,000.00
SEPTEMBER	85			56,000.00
OCTOBER	90			51,000.00
NOVEMBER	90			52,000.00
DECEMBER	87			57,000.00
TOTALS →		596,100.00	596,100.00	596,100.00

What is the level of arsenic for each well on your system? < 0.1 MGL mg/l  
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? CITY OF TUCSON GPM for NO hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?  
( ) Yes ( ) No NO

Is the Water Utility located in an ADWR Active Management Area (AMA)?  
(X) Yes ( ) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
( ) Yes (X) No

If yes, provide the GPCPD amount: \_\_\_\_\_

***Note: If you are filing for more than one system, please provide separate data sheets for each system.***

	AREA CODE	PRIMARY TAX RATE PER \$100 ASSESSED VALUE	SECONDARY TAX RATE PER \$100 ASSESSED VALUE	IRRIGATION DISTRICT \$ PER ACRE
901 01 2000	1200	9.3068	5.2441	

ASSESSMENT	VALUE IN DOLLARS	ASSESSMENT RATIO	ASSESSED VALUE IN DOLLARS	EXEMPTIONS	NET ASSESSED VALUE
LIMITED					
FULL CASH					
PERSONAL PROPERTY	26,000	24.0	6,240		6,240

2007 TAX SUMMARY	JURISDICTION	2007 TAXES	2006 TAXES	DIFFERENCE
PRIMARY PROPERTY TAX	PIMA COUNTY PRI	224.76	225.91	-1.15
LESS STATE AID TO EDUCATION	SUNNYSIDE 12 PRI	292.39	334.50	-42.11
	PIMA COLLEGE PRI	63.59	62.15	1.44
NET PRIMARY PROPERTY TAX	COUNTY BONDS SEC	42.74	42.04	0.70
	SUNNYSIDE 12 SEC	216.11	203.69	12.42
SECONDARY PROPERTY TAX	JOINT TECH ED SE	3.12	0.00	3.12
	PIMA COLLEGE SEC	10.32	11.44	-1.12
	CEN ARIZ WTR SEC	6.24	7.06	-0.82
	LIBRARY DISTRICT	24.80	21.61	3.19
	FIRE DIST ASSIST	2.37	2.44	-0.07

TOTAL VALUE OF OPERATING PROPERTY-

TAXPAYER GROUP NO 010

886.44	TOTALS	886.44	910.84	-24.40
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## PAYMENT INSTRUCTIONS

pay the 1st half installment,  
and the 1st half coupon with  
your payment postmarked no  
later than . To  
pay the 2nd half installment,  
and the 2nd half coupon with  
your payment postmarked no  
later than . The  
minimum acceptable payment  
of the payment  
is, whichever is greater.

0034474 01 AV 0.312 \*\*AUTO TB 0 0781 85705-426099



SLEEPY HOLLOW MOBILE HOME ESTATES  
ATTN: DANNY F NG  
615 W ALTURAS ST  
TUCSON AZ 85705-4260

THERE WILL BE A CHARGE FOR EACH RETURNED CHECK  
AND YOUR TAXES WILL REVERT TO AN UNPAID STATUS.

Please make your check  
payable to

and mail to:

Pima County Treasurer  
PO BOX 29011  
Phoenix AZ 85038-9011



PLEASE INCLUDE YOUR

ON YOUR CHECK.

2007  
PROPERTY TAX  
STATEMENT

COMPANY NAME Sleepy Hollow Mobile Homes <sup>Estates</sup> YEAR ENDING 12/31/2007

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2007 was: \$ 886 44

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFICATION  
AND  
SWORN STATEMENT  
Taxes

RECEIVED

FEB 13 2008

AZ CORP COMM  
Director Utilities

VERIFICATION

STATE OF AZ  
I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	<u>PIMA</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>DANNY F. NE (PTR. OWNER)</u>
COMPANY NAME	<u>SLEEPY Hollow Mobile Home estate</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

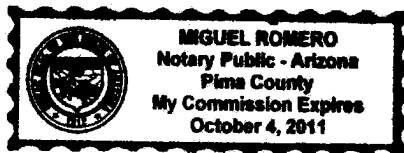
MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2007</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.



Danny F. Ne  
SIGNATURE OF OWNER OR OFFICIAL  
520-624-7775  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

30

DAY OF

COUNTY NAME	<u>Pima</u>
MONTH	<u>January</u>
	<u>2008</u>

(SEAL)

MY COMMISSION EXPIRES Oct 4 2011

Miguel Romero  
SIGNATURE OF NOTARY PUBLIC

COMPANY NAME SLEEPY Hollow Mobile Home Park YEAR ENDING 12/31/2007

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported 1294653  
Estimated or Actual Federal Tax Liability 1312.00

State Taxable Income Reported 1294653  
Estimated or Actual State Tax Liability 240.00

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances \_\_\_\_\_  
Amount of Gross-Up Tax Collected N/A  
Total Grossed-Up Contributions/Advances \_\_\_\_\_

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Danny F. NG  
SIGNATURE

2-10-08  
DATE

Danny F. NG  
PRINTED NAME

PTA. OWNER  
TITLE



RECEIVED

FEB 13 2008

AZ CORP COMM  
Director Utilities

VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

VERIFICATION

STATE OF \_\_\_\_\_

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ \_\_\_\_\_

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ \_\_\_\_\_  
IN SALES TAXES BILLED, OR COLLECTED)

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

(SEAL)

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

COUNTY NAME	
MONTH	, 20__

MY COMMISSION EXPIRES \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC

VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
Intrastate Revenues Only

RECEIVED

FEB 13 2008

AZ CORP COMM  
Director Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

COUNTY OF (COUNTY NAME) <i>PIMA</i>	
NAME (OWNER OR OFFICIAL) <i>DANNY F. NG</i>	TITLE <i>PTA. OWNER</i>
COMPANY NAME <i>SLEEPY Hollow Mobile Home Estate</i>	

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2007 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <i>12,946.53</i>

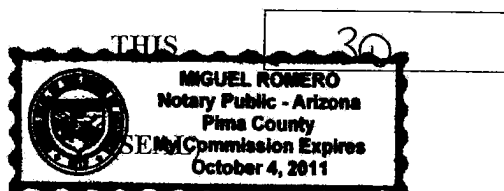
THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ *10411*  
IN SALES TAXES BILLED, OR COLLECTED)

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

*[Signature]*  
SIGNATURE OF OWNER OR OFFICIAL  
*520-440-7529*  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF



MY COMMISSION EXPIRES

*Oct 4 2011*

NOTARY PUBLIC NAME <i>Miguel Romero</i>	
COUNTY NAME <i>Pima</i>	
MONTH <i>January</i>	YEAR <i>2008</i>

X *[Signature]*  
SIGNATURE OF NOTARY PUBLIC